

REQUEST FOR AND APPROVAL OF PERSONNEL ACTIONS

I. PERSONAL DATA			
Last Name First Name Middle Initial	CAPSN	Grade	Charter Number
Duty Assignment	Wing	Unit Name	
II. DUTY ASSIGNMENT/STATUS CHANGE (CAPR 35-1)			
FROM: _____		TO _____	
(Duty Title/Status)		(Duty Title/Status)	
III. AWARD OF AERONAUTICAL RATING/MISSION QUALIFICATIONS (CAPR 60-1)			
AWARD AERONAUTICAL RATING/MISSION QUALIFICATION CHECKED BELOW:			
Glider Pilot	Comd Pilot	Ballooning	Mission Observer
Solo Pilot	Observer	Cdt Orient Pilot	CN Observer
Pilot	Master Observer	SAR Pilot	Transport Msn Pilot
Senior Pilot	Senior Observer	CD Pilot	Mission Scanner
Mission Pilot Qual Date _____		Mission Observer Qual Date _____	
FAA License Number _____		FAA Physical Dated _____	
FAA Rating _____		No. Hrs Logged as Pilot _ Observer _____	
CAP Form 5 Flight Check _____		CAP Form 91 Flight Check _____	
IV. AWARD OF ACTIVITY AND SERVICE RIBBONS (CAPR 39-3)			
AWARD ACTIVITY AND SERVICE RIBBON CHECKED BELOW:		AWARD OF CLASP (For additional award)	
Command Service Ribbon	National Cadet Competition Ribbon	Cadet Orientation Pilot Ribbon	
Red Service Ribbon	National Color Guard Ribbon	Counter drug Ribbon	
"Find" Ribbon	Cadet Advisory Council Ribbon	Encampment Ribbon	
Air Search and Rescue Ribbon	Cadet Community Service Ribbon	Recruiter Ribbon	
Disaster Relief Ribbon	Cadet Special Activities Ribbon	A. Scott Crossfield Award	
IACE Ribbon	<u>XX</u> Other (Specify) CAPF 75 _____		
V. TRANSFER (CAPM 39-2)			
FROM: _____		TO _____	
(Charter Number)		(Charter Number)	
NOTE: The gaining unit commander should initiate the transfer form. The losing unit commander has 60 days after the transfer action appears on the Monthly Membership Listing to notify HQ CAP/DP if he/she disapproves of the transfer for any reason. In such cases, the transfer will be voided and the member returned to the losing unit.			
VI. RETIREMENT (CAPR 39-1)			
The above named individual is eligible for retirement from Civil Air Patrol in accordance with CAPR 35-1. His/her period of CAP service is indicated below (if this period of service is not continuous, please explain in the remarks section).			
FROM: _____		TO _____	
(Date)		(Date)	
VII. REMARKS (use reverse side of form if additional space is required.)			
By acceptance of a CAPF 75(Civil Air Patrol Motor Vehicle Operator ID Card) issued to me as the result of this application, I certify that I have read and understand all provisions of CAPR 77-1 & CTWG Supplement to CAPR 77-1. I hereby comply with all provisions and requirements of these			
I certify that all pertinent directives have been complied with and that this action is in the best interest of Civil Air Patrol.			
Unit Charter No.	Signature of Requester	Typed Name and Grade of Requester	
APPROVED	Signature of Flight/Squadron Commander	Flight/Squadron	Date
APPROVED	Signature of Group Commander	Group	Date
APPROVED	Signature of Wing Commander	Wing	Date
APPROVED	Signature of Region Commander	Region	Date